

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)					
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
MORRIS	GEORGE "RED"	Α.	808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET	808/533-4601				
(City)	(State)	(Zip	Code)		
HONOLULU	HAWAII	9	96813-2453		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
G.A. MORRIS, INC.			808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601		
(City)	(State)	(Zip	Code)		
HONOLULU	HAWAII	9	96813-2453		

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU	Telephone 916/583-9300				
PHILIP MORRIS USA INC., BY ITS SERVICE COMPANY, ALTRIA CORPORATE SERVICES, INC.					
MAILING ADDRESS (Street)	FAX 916/583-9330				
1415 L STREET, SUITE 1150					
(City)	(State)	(Zip Code)			
SACRAMENTO	CA	95814			
NAME OF PERSON RESPONSIBLE F	TELEPHONE 916/583-9300				
DAVID TOVAR					
MAILING ADDRESS (Street)	FAX 916/583-9330				
1415 L STREET, SUITE 1150					

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(City)	(State)	(Zip Code)	
SACRAMENTO	CA	95814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
PARI	III DESCRIPTION	JF 5U	BJEC 12 OPON WHICH	1 YOU	DEXPECT TO LOBBY		
[] /	Agriculture	[ ]	Education	[]	Human Services	[x]	Science, Technology & Economic Development
1	Communications & Public Utilities	[X]	& Finance	[X]	Intergovernmental Relations, International Affairs	[X]	Tourism & Recreation
	Consumer Protection & Commerce	[]	Hawaiian Affairs	[X]	Labor & Employment	[ ]	Transportation
	Culture, Arts, Historic Preservation	[X]	Health	[]	Planning, Land & Water Use Management	[ x]	Other: (indicate below)
	Ecology, Energy Environmental Protection	[]	Housing	[]	Public Safety & Corrections		Tobacco
PART	IV CERTIFICATION	N OF	LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
			(Signaline of Lobbyist)				(Date)
DADT	W AUTHODIZATIO	N TO	LODDY				
PART NAME	V AUTHORIZATIO	NIO	LOBBY	TIT	LE OF AUTHORIZING OFFIC	CED OD I	DEDOON DEDDESENTED
INAME					LE OF AUTHORIZING OFFI	JEN ON I	PERSON REPRESENTED
DAVID	TOVAR				DISTRICT DIRECTOR, STAT	TE GOVE	RNMENT AFFAIRS
NAME	OF ORGANIZATION (if app	licable	)			TELEPHO	NE 916/583-9300
ALTRIA CORPORATE SERVICES, INC., ON BEHALF OF PHILIP MORRIS USA INC.							
MAILIN	G ADDRESS (Street)					FAX 916/	583-9330
1415 L	STREET, SUITE 1150						
	(City)		(State)			de)	
SACR	AMENTO		CA		958	14	
	I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
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(Signature of Authorizing Officer or Person Represented)

(Date)